

# ALABAMA DEPARTMENT OF LABOR

## *Appeals Filing Information*

### **Claimant**

#### **Appeal of Benefit Determination**

#### **Filing Instructions:**

Please fill out all of the required fields to file an appeal for your Unemployment Insurance determination.

All fields marked \* need to be filled in.

**\*Last Name**

**\*First Name**

**Social Security Number (no dashes)**

**Street Address 1**

**Street Address 2**

**City**

**State**

**Zip Code**

**Email Address**

#### **You are required to give a reason for the appeal...**

- Committed misconduct
- Voluntarily quit
- Am not able and/or available for work
- Committed fraud
- Am not unemployed
- Other reasons

#### **Additional Information:**

Please provide additional information about the appeal, based on the selection made above (enter up to 500 characters)

An Equal Opportunity Employer/Program  
Auxiliary aids and services available upon request to individuals with disabilities  
[Alabama Relay](#): 800-548-2546 or 711

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## *Appeals Filing Information*

### **Employer**

#### **Appeal of Benefit Determination**

#### **Filing Instructions:**

Please fill out all of the required fields to file an appeal for your Unemployment Insurance determination.

All fields marked \* need to be filled in.

**Employer Name \***  
**FEIN Number (no dashes) \***  
**Employer Social Security Number (no dashes) \***  
**Street Address 1 \***  
**Street Address 2**  
**City \***  
**State \***  
**Zip Code \***  
**Company Contact \***  
**Contact Email Address \***  
**Re-enter Email Address \***  
**Telephone \***  
**Fax Number**

#### **You are required to give a reason for the appeal...**

- **Was discharged for misconduct**
  - What is the cause for discharge
  - Was the claimant previously reprimanded/warned for same/similar misconduct
- **Quit/Resigned**
  - Did the claimant provide notice of resignation
  - Date notice provided
  - Reason for resignation
- **Is on approved leave of absence**
  - Approved dates for leave of absence
  - Reason for leave of absence
- **Other reasons**

#### **Additional Information:**

Please provide additional information about the appeal, based on the selection made above (enter up to 500 characters)

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### **APPEALS INFORMATION**

#### **WHY FILE AN APPEAL**

If you feel that the decision of the Unemployment Compensation Division on a claim was based on incorrect or incomplete information, or that the law was not correctly applied, you may file an appeal in most cases. There are some determinations for which no appeal rights are granted. You cannot appeal in the following situations, and should contact the Unemployment Compensation Division to address these issues:

- Nonpayment of benefits for a waiting week as determined by unemployment insurance law
- Pending eligibility issues
- Pending weekly certification errors
- Request to backdate effective date of claim or weekly certification before a determination is made
- Income tax intercepts for recoup outstanding overpayments

#### **FILING AN APPEAL**

Your appeal must be filed in writing and received at the Alabama Department of Labor within 15 calendar days of the mailing date on the original notice of determination or within 7 calendar days for a determination handed to your in-person. If the last day to file the appeal falls on a weekend, state holiday, or during an emergency office closure, the deadline for filing will be extended to the next business day

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after the weekend or holiday, or reopening of the office following an emergency closure. Your appeal appeal can be filed using the link on our website at [www.labor.alabama.gov](http://www.labor.alabama.gov) or by mail or fax at the address and fax number below:

Alabama Department of Labor  
Hearings and Appeals Division  
649 Monroe Street  
Montgomery, Alabama 36131  
Fax (334)956-5891

### **WHO MAY FILE AN APPEAL**

Appeals of the decisions of the Unemployment Compensation Division may be filed by either the claimant or employer. All appeals must include the claimant's full name with last four digits of the social security number, reason for appeal, and a signature of the requestor. Please note the following :

The **employer** appeal must briefly state the specific reason for the claimant's separation from work.

The **claimant** should continue to file timely weekly claim certifications for each week that you remain unemployed. Should the hearing officer rule in your favor on the issue under appeal, you will only be paid for those weeks that you timely certify your unemployment status and meet all other eligibility requirements of the Law.

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Appeals are processed in the order of receipt whether received through the online portal, fax, mail or in-person.

### **NOTICE OF HEARING**

You will be notified in writing at your address of record of the scheduled time and date for the telephone hearing, issue(s) to be addressed, and the hearing officer's name. The notice will provide important information on participating in the appeal hearing. Please read the notice carefully.

### **FAILURE TO APPEAR**

If either party fails to appear, the hearing officer may hear the testimony of the party appearing and decide the case on the basis of this testimony and any other evidence available. If the appellant fails to participate the hearing officer may, without receiving further evidence, issue a default decision affirming the determination from which the appeal was taken. If a party does not call in at the appropriate time, he or she may lose the opportunity to testify or present evidence.

### **APPEAL PROCEEDINGS**

The hearing officer has sole responsibility for the conduct of the hearing. In conducting the hearing, the hearing officer will (1) identify those present; (2) explain the issues, purpose of the hearing and the hearing procedures; (3) explain the order in which parties will testify; (4) assist parties in asking questions of opposing parties and witnesses; (5) determine if testimony and documents being offered should be accepted and considered based on relevance to issue(s) under appeal; and (6) question parties and witnesses to obtain necessary facts.

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The hearing will be record as required by law. An oath will be administered to all parties prior to taking testimony. During the hearing, the hearing officer will notify you when it is your turn to speak or question the other party or witness. The hearing officer will be better able to understand the testimony if you do not speak out of turn. When the hearing informs you of your turn to ask questions of a witness and you do not have any questions, please state so. When making your statements, speak directly to the hearing officer, not to the opposing party. Speak clearly and loud enough for your voice to be heard by all participants and be certain that you are located in an area free of background noises. After all testimony has been taken, you will be given the opportunity to make additional statements concerning your case.

### **HEARING OFFICER DECISIONS**

The hearing officer will render a written decision and mail it to all interested parties within a reasonable time following conclusion of the hearing. The decision will include all findings of fact, conclusions of law and the decision itself. In the decision, the hearing officer will either affirm, reverse or modify the original determination. If either party disagrees with the hearing officer's decision, an appeal may be filed to the Board of Appeals within 15 calendar days of the mail date on the appeal decision.

### **IMPARTIALITY OF THE HEARING OFFICER**

The hearing officer is charged with conducting a fair and impartial hearing. In doing so, the hearing officer's responsibility is to protect the rights of all parties. The hearing officer will not allow interference from any party in the conduct of the hearing nor discuss any case before or after the close of the hearing.

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### **REPRESENTATION**

The appeal hearing is an administrative process and less formal than a court of law. Testimony during the hearing may be given by either party without representation as it is the hearing officer's responsibility to assist all parties in developing the facts in the case. However, if you wish, you may be represented by an attorney or any competent individual at your own expense. By law, attorney's fees may not exceed 10% of the maximum benefits recovered in the appeal decision. A claimant who is unable to afford legal assistance may request representation from one of the free legal advisory services in the community. A claimant may also be represented by a union official, family member or other competent party of their choosing. Likewise, an employer may be represented by whomsoever they choose.

### **DOCUMENTARY EVIDENCE**

Documents, doctor's certificates, employment termination notices or other evidence that you wish to introduce as exhibits during the hearing must be mailed to the hearing officer at the address shown under **FILING AN APPEAL** or faxed to 1-800-321-9323. Any party to an appeal may review pertinent documents in the claim record. Your representative must present a power of attorney statement to review the documents.

### **ATTENDANCE OF WITNESSES**

If you want a witness to testify at the hearing, you must notify the witness of the scheduled time and date for the telephone hearing and see to it that the witness is present at the hearing. You should bring to the hearing only those individuals who have actual, direct personal knowledge of the facts concerning the case. Character witnesses are usually not needed. One or two witnesses are usually enough.

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When a witness refuses to appear voluntarily, you may request that individual be subpoenaed. Subpoenas may be requested by contacting the Hearings and Appeals Division at the address listed under **FILING AN APPEAL** or call us at 1-800-321-9323. Requests for subpoenas must be made as far in advance of the hearing as possible to allow for preparation and service. Also, documents supporting your case may be subpoenaed.

### **WITHDRAWAL**

An appeal may be withdrawn by the party requesting the appeal at any the time before a decision is issued at the discretion of the hearing officer. Requests for withdrawal of an appeal must be submitted in writing or stated on the record of hearing. A withdrawal shall be considered your consent to abide by the determination from which the appeal is taken.

### **POSTPONEMENTS**

Any hearing may be postponed by the hearing officer for good cause. Postponements shall be granted only when necessary to afford all parties a reasonable opportunity for a fair hearing. No party shall be granted more than one postponement except in the case of extreme emergency or unusual hardship as determined by the hearing officer. Requests for postponement must be made well in advance of the hearing by

contacting the Hearings and Appeals Division by mail at the address shown under **FILING AN APPEAL** or by telephone at 1-800-321-9323.

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### **APPEALS TO THE BOARD OF APPEALS**

If you disagree with the hearing officer's decision, you may file an appeal to the Board of Appeals, which is the second level of administrative appeal. An appeal to the Board of Appeals must be filed in writing and received by the Board of Appeals within 15 calendar days of the mail date on the hearing officer's decision. Your appeal must include the claimant's full name, last four of the social security number and reason for appeal. You can mail, deliver or fax the application for appeal to the Board of Appeals at the address below:

Alabama Department of Labor  
Board of Appeals  
649 Monroe Street  
Montgomery, Alabama 36131  
Fax (334)956-7494

### **INTERPRETERS**

If you require the services of a language interpreter, please notify the Hearings and Appeals Division immediately at telephone number 1-800-321-9323.

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### **SPECIAL ACCOMMODATIONS**

If you have physical restrictions or require special accommodations of any kind to participate in a hearing, please notify the Hearings and Appeals Division immediately at telephone number 1-800-321-9323.

### **NOTICE OF ADDRESS CHANGE**

If you have change of address following the filing of an appeal, it is your responsibility to report the address change to Unemployment Compensation Division and notify the Hearings and Appeals Division immediately at telephone number 1-800-321-9323. The postal service will not forward the notice of hearing to an address not listed on the notice.